

CETA Utility Data Survey [RCW 19.405.120(3)b]

Utility Information

Please enter utility contact information. Please only identify one person. Please enter this information every time you fill out a survey.

To locate "EIA Identification Number" refer to table available on Commerce website or in the Instructions.

* 1. Please enter utility Information

Contact Name

Company

EIA Identification Number

Address

City/Town

State/Province

ZIP/Postal Code

Email Address

Phone Number

* 2. Please list zip codes served (e.g. for both fully and partially) separated by commas.

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Program Description

* 3. Please enter program name (e.g. Low-Income Discount Rate).

* 4. Please select one program type. (See Instructions for program type descriptions).

- Short term Program
- Long term Program
- Crisis/Emergency Program
- Other (please specify)

* 5. Do you administer this program on behalf of another utility (ex. an electric utility administering a program for a natural gas utility)?

- Yes
- No

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Energy Assistance Type

The next question asks you to describe the type of energy assistance this program provides. Please refer to the table below to see the full range of energy assistance types and sub-types. Depending on your selection you may be asked to provide a more specific type of program. If you do not see your program's type in the table, please select "Other" and the next question will prompt you to provide more information. Please only choose one energy assistance type and one sub-type for each program.

Energy Assistance Type <i>(Sub-Types in Italics)</i>	
Energy Bill Assistance <i>Utility Payment</i> <i>Emergency Assistance</i> <i>Shut-Off Protection</i> <i>Other</i>	Rates <i>Utility Discount Rate</i> <i>Other</i>
Energy Efficiency <i>Rebate</i> <i>Grants</i> <i>Low-Income Weatherization</i> <i>Direct Install</i> <i>Loan</i> <i>Other</i>	Renewables <i>Community Solar</i> <i>Other</i>
	Demand Response Program
	Arrearage Management
	Percentage of Payment Plan

* 6. Please select one energy assistance type.

- Energy Bill Assistance
- Energy Efficiency
- Rates
- Renewable Energy
- Demand Response
- Arrearage Management
- Percent of Payment Plan
- Other

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Energy Bill Assistance Type

7. Please select one energy bill assistance type.

- Utility Payment
- Emergency Assistance
- Shut-Off Protection
- Other (please specify)

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Energy Efficiency Type

8. Please select one energy efficiency type.

- Rebates Direct Install
- Grants Loan
- Low-Income Weatherization
- Other (please specify)

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Rate types

9. Please select one rate type.

- Utility Discount Rate
- Other (please specify)

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Renewable Energy Type

10. Please select one renewable energy type.

- Community Solar
- Other (please specify)

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Other Energy Assistance Type

11. Please enter the type of energy assistance covered by this program.

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Energy Type

* 12. Please select all energy types that are covered by this program.

- Electricity
- Natural Gas
- Heating Oil
- Wood
- Propane
- Other (please specify)

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Funding Pt. 1

- * 13. Does this program exclusively serve low-income households or are you able to separately identify funding for low-income households?

For the purposes of this data collection, Commerce will accept information on any program, or portion of a program, that is at or below either the 200 percent federal poverty level (FPL) or 80 percent area median income (AMI) threshold. Programs exclusively serving households at income levels below these thresholds are considered low-income programs (ex. a program with an eligibility of 150% FPL). See Instructions for further details on these thresholds.

Yes

No

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Funding for Low-Income Households

14. Please report the amount of money in dollars per year for 2019 given to low-income households or spent on measures for this program for low-income households. Please enter operations and maintenance costs for this program separately on the indicated line.

Please report funding in whole dollars and do not include symbols (ex. \$2304.84 = 2305).

For the purposes of this data collection, Commerce will accept information on any program, or portion of a program, that is at or below either the 200 percent federal poverty level (FPL) or 80 percent area median income (AMI) threshold. Programs exclusively serving households at income levels below these thresholds are considered low-income programs (ex. a program with an eligibility of 150% FPL). See Instructions for further details on these thresholds.

Funds Disbursed or Spent
on Program Measures

Operations and
Maintenance Costs

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Funding for All Households

15. Please report the total money in dollars/year for 2019 given to all households or spent on this program. Please enter operations and maintenance costs for this program separately on the indicated line.

Please report funding in whole dollars and do not include symbols (ex. \$2304.84 = 2305).

Funds Disbursed or Spent
on Program Measures

Operations and
Maintenance Costs

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Funding Pt. 2

* 16. Where does the funding come from for this program? Please enter total funds in whole dollars for each funding source that applies (e.x. \$2304.84 = 2305). If the funding source does not apply to this program, please leave box blank. If you receive funds from a source(s) not listed, please enter total amount of other sources under "Other".

Federal Program (i.e.
LIHEAP)

Utility Funds

Bonneville Power
Administration Energy
Efficiency Incentive

Commerce

Ratepayer Donations

Other

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Number of Households Served

17. Are you able to determine the number of low-income households for this program?

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Yes

No

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Number of Low-Income Households Served

18. Please report the number of low-income households served by this program.

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Total Number of Households Served

19. Please report the total number of households served by this program.

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Housing

* 20. Can you provide the total number of households by housing type for this program (i.e. single family vs multifamily)? " If you collect any type of data on this category, even if only partially, check "Yes". If you do not collect data on housing types for this program, check "No".

Yes

No

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Housing Types

21. Please enter the number of households for each housing type. If households are from a housing type not listed, please enter number of households under "Other".

If you can only identify certain household types, please enter the number of households under the appropriate type and enter the amount of all other households under "Other" (ex. The utility only identifies "Single Family" homes for a program. Enter the number of households for "Single Family" and all other households in the program that cannot be identified as "Other").

If there are no households from a particular housing type, please leave that line blank.

Single Family	<input type="text"/>
2-4 Family	<input type="text"/>
5+ Family	<input type="text"/>
RV	<input type="text"/>
Manufactured Homes	<input type="text"/>
Other Housing Type	<input type="text"/>

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Housing Types from DOE LEAD tool

22. Please use the [DOE Low-Income Energy Affordability Data \(LEAD\) tool](#) to report number of households in your service territory for each housing type below. (See Instructions for how to find this information using the DOE LEAD tool).

1 unit detached

1 unit attached

2 units

3-4 units

5-9 units

10-19 units

20-49 units

50+ units

Other

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Housing Status

* 23. Can you provide the total number of households by housing status for this program (i.e renter-occupied vs owner-occupied)? If you collect any type of data on this category, even if only partially, check "Yes". If you do not collect data on housing types for this program, check "No".

Yes

No

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Housing Status

24. Please enter the number of households for each housing status. If households are from a housing status not listed, please enter number of households under "Other".

If you can only identify a certain household status, please enter the number of households under the appropriate status and enter the amount of all other households under "Other" (ex. The utility only identifies "Owner-Occupied" homes for a program. Enter the number of households for "Owner-Occupied" and all other households in the program that cannot be identified as "Other").

If there are no households from a particular housing status, please leave that line blank.

Owner-Occupied	<input type="text"/>
Renter-Occupied	<input type="text"/>
Subsidized	<input type="text"/>
Roomer/Boarder	<input type="text"/>
Temp Housing	<input type="text"/>
Other	<input type="text"/>

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Housing Status from LEAD

25. Please use the [DOE Low-Income Energy Affordability Data \(LEAD\) tool](#) to report the number of households in your service territory for each housing status below. (See Instructions for how to find this information using the DOE LEAD tool).

Renter-Occupied

Owner-Occupied

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Qualifications for Program

* 26. Please report the income level qualification for this program (e.g. 150% Federal Poverty Level). If there are multiple income level qualifications for this program (i.e. both FPL and AMI) please enter both separated by a comma. If there is no income qualification for this program please type "None". If you do not know please type "Unknown".

* 27. Do you use another program or method to qualify participants for this program? Choose all that apply. If you do not use a program to determine eligibility for this program please select "None". Selecting answers under this question can be in addition to the income qualifications entered above and are not meant to be an either or choice.

- | | |
|---|--|
| <input type="checkbox"/> Income Qualified Program (e.g. SNAP) <i>Please type which program(s) under "Other"</i> | <input type="checkbox"/> Other Utility Program |
| <input type="checkbox"/> Low-Income Heating Energy Assistance Program (LIHEAP) | <input type="checkbox"/> Housing Program |
| <input type="checkbox"/> Social Security | <input type="checkbox"/> None |
| <input type="checkbox"/> Customer Self-Certification | |
| <input type="checkbox"/> Other (please specify) | |

* 28. Please select all other qualifications that are used to determine eligibility for this program. Choose all that apply.

If a qualification is used to prioritize households after an initial eligibility requirement, please enter those qualifications under the priority question below.

- | | |
|---|---|
| <input type="checkbox"/> Age | <input type="checkbox"/> Housing Type |
| <input type="checkbox"/> Veteran Status | <input type="checkbox"/> Race/Ethnicity |
| <input type="checkbox"/> Disability | <input type="checkbox"/> Energy Burden |
| <input type="checkbox"/> Census Tract | <input type="checkbox"/> None |
| <input type="checkbox"/> Other (please specify) | |

* 29. Please select all qualifications that are used to determine priority for this program. Choose all that apply. Priority is a qualification that is used after an initial eligibility determination. For example, if a program uses income to qualify households and then prioritizes veterans and seniors, please select "Age" and "Veteran Status" below. However, if those qualifications are used to initially qualify a household, please enter those under the eligibility question above.

Age

Race/Ethnicity

Veteran Status

Energy Burden

Disability

High Energy Users

Census Tract

None

Housing Type

Other (please specify)